



POLICY ON COMPLAINTS, COMPLIMENTS AND FEEDBACK

Ability West is dedicated to enabling people we support to realise their goals in a person centered and individualised manner. Our emphasis is on creating an environment that promotes advocacy and greater independence throughout services, with the will and preference of the person supported to the forefront to all our activities. We also recognise that part of our role is promoting an environment that maximises safety, quality and accountability in our services.

We are committed to ensuring that our services are provided to a high standard, taking account of our legislative obligations in this area. In line with this, Ability West has developed this policy with associated procedures and reference to relevant guidelines in line with best practice. In relation to the implementation of this policy, Ability West complies with applicable national legislation, standards, directives and regulations.

This policy applies to any person who wishes to make a complaint or provide compliment/feedback. It is the ethos of Ability West to listen to the views of service users, families, staff members (other than grievances), visitors, and the community about our services. As such, all complaints, compliments or feedback are viewed as an opportunity for learning and continuous improvement of the quality of services that we provide.

Ability West recognises that responding effectively to complaints or compliments/feedback and learning from them is a key aspect of providing high quality person centred services. To accomplish this Ability West has robust and consistent systems in place for the monitoring and management of all complaints and compliments/feedback which will be audited under the direction of the Quality and Compliance Department.

Ability West will ensure that this policy and related procedure is well publicised, prominently displayed and made accessible to service users, their families and advocates in an accessible, age appropriate, format suitable for service users' individual needs. Openness and accountability are key elements in our service provision and this is our philosophy to managing complaints and compliments/feedback. Ability West aims to create an environment where everyone feels comfortable and has the opportunity to provide feedback and feel safe in the knowledge that there will be no adverse consequences arising from an issue raised. The complainant will be encouraged and supported to express their concerns and an advocate will be provided if necessary. Details of advocacy services are available in each service.

Equally staff will be provided with information to take ownership of the process and to understand behaviours that indicate an issue of concern or complaint that a person with a disability cannot communicate by other means. Such messages received will receive the same positive response as an issue raised by another means. All staff will take responsibility to resolve the complaint immediately and locally where possible and with the assistance of their Line Manager if necessary, unless the complainant wishes to do otherwise. In such cases a Complaints Officer will be appointed who will handle the complaint confidentially and without prejudice. The organisation also has a process of formal investigation of complaints in place. All complaints and compliments/feedback are documented on the Quality Management Information System (QMIS).

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This policy addresses the management of complaints and compliments/feedback made by service users, families, visitors and the community about our service and is in compliance with legislation, regulations and standards, including the Health Act 2004, Regulations (Complaints) 2006, Statutory Instrument No. 367 of 2013 and the National Standards for Residential Services for Children and Adults with Disabilities 2013.

The organisation also recognises the limitations of these Acts (specifically the Health Act 2004 Regulations (Complaints) 2006 where they are a number of complaints which are specifically excluded under Part 9 of the Health Act and these are outlined and defined in the procedure.

Notwithstanding this it is Ability West's intention that all complaints shall be acknowledged and addressed sensitively, promptly, and without prejudice where practicable. It does not address employee complaints and grievances related to their employment or recruitment. Any such complaint or grievance shall be addressed under the Grievance Procedure as outline under the Dignity, Respect and Equality in the Workplace in the Workplace Policy. Any complaints received about a named staff member must be investigated in conjunction with existing policies and procedures, e.g. Trust in Care.

While all complaints must be appropriately responded to, there are times when there is nothing further which can reasonably be done to assist the complainant or to rectify a real or perceived problem. In the course of dealing with complaints Ability West staff inevitably have contact with a small number of complainants who absorb a disproportionate amount of the organisation's resources. Such situations are identified in the procedure, where the complaint might be considered to be vexatious and a protocol is provided in the procedure, in relation to responding to such situations, outlining options for staff to deal with such complaints.

All information obtained through the course of any complaint shall be treated in a confidential manner and meet the requirements of the Data Protection Acts 1988-2018 and the Freedom of Information Act 2014.

Ability West complies with and abides by applicable national legislation, regulations and standards and requirements with regard to reporting to regulatory bodies and authorities, for example to the Health Services Executive. The organisation has appropriate systems, processes and arrangements in place for accurate and timely reports in this regard. To support this, we are committed to having appropriate systems and processes in place to manage information to support regulatory, legal, risk, environmental and operational requirements. This framework aims to enable the organisation to ensure all relevant information is handled securely, efficiently, effectively and in line with legislation and for effective overall information governance.

This policy and any relevant procedures will be reviewed every three years.

Signed: Audrey Pidgeon

Approval Date: 18/11/2020

Implementation Date: 18/11/2020

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VERSION HISTORY:

Rev. 0	PREPARED BY: Theresa Caulfield, Assistant Director of Finance Eileen Costello-Conneely, Advocacy, PCP and Quality Manager Marian Cushen, Area Services Manager Adrian Harney, Director of Human Resources	DATE: 30/06/2008
	APPROVED BY: Breda Crehan-Roche, Chief Executive	DATE: 30/06/2008
Rev. 1	REVIEWED BY: Eileen Costello-Conneely, Services Quality Manager Adrian Harney, Director of Human Resources Service User Council Policy Advisory Group	DATE: 12/07/2013
	APPROVED BY: Breda Crehan-Roche, Chief Executive	DATE: 22/07/2013
Rev.2	REVIEWED BY: Oliver Daly Lead Manager Quality, Standards & Compliance	DATE: 26/03/2015
	APPROVED BY: Breda Crehan-Roche, Chief Executive	DATE: 26/03/2015
Rev.3	REVIEWED BY: Carol Browne, Executive Assistant Eileen Costello-Conneely, Quality and Compliance Manager Therese King, Health and Safety Manager Orla Haddigan, Unit Director/Person in Charge	DATE: 03/02/2016
	APPROVED BY: Breda Crehan-Roche, Chief Executive	DATE: 22/02/2016
Rev.4	REVIEWED BY: Carol Browne, Communications and Executive Office Manager Eileen Costello-Conneely, Quality and Compliance Manager Complaints Officers	DATE: 11/01/2019
	APPROVED BY: Breda Crehan-Roche, Chief Executive	DATE: 29/01/2019
Rev.5	REVIEWED BY: Carol Browne, Communications and Executive Office Manager Eileen Costello-Conneely, Quality and Compliance Manager	DATE: 14/10/2020
	APPROVED BY: Audrey Pidgeon, Chief Executive	DATE: 17/11/2020
	NEXT REVIEW DUE:	DATE: 10/2023

REVISION HISTORY:

REVISION NO	DATE	DESCRIPTION OF CHANGE	NO.
0	20/07/2009	N/A – Initial establishment of procedure	-
1	12/07/2013	See Q.A.R.F. No. 0191	0191
2	23/03/2015	Policy revised to comply with HIQA	0192
3	03/02/2016	See Q.A.R.F. No. 0263	0263
4	04/01/2019	See Q.A.R.F. No. 0392	0392
5	14/10/2020	See Q.A.R.F. No. 0484	0484

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PROCEDURE: COMPLAINTS, COMPLIMENTS AND FEEDBACK

GENERAL PROCEDURE		
TITLE: Complaints, Compliments and Feedback	NO: GEN004.1	REV: 5
SECTION 4: Complaints, Compliments and Feedback	PAGE: 1 of 18	
PREPARED BY: Eileen Costello-Conneely	DATE: 23/11/2020	
APPROVED BY: Audrey Pidgeon	DATE: 24/11/2020	

1. PURPOSE:

The purpose of this procedure is to describe the process to be followed in the case of complaints made, compliments or feedback provided to Ability West. This includes the procedures for receiving, handling, investigating, recording and reporting complaints, as well as the review processes, and utilisation of the organisation's Quality Management Information System (QMIS).

2. SCOPE:

This procedure applies to any person who wishes to make a complaint, a criticism or provide a compliment or feedback: verbally or written, it encapsulates behaviours that indicate an issue of concern or complaint that a person with a disability cannot communicate by other means, eliciting the same positive response as an issue raised by another means (HIQA, 2013).

It is the ethos of Ability West to listen to the views of service users, families, staff (outside of grievances) visitors, volunteers, staff and the community about our services. Complaints or feedback are viewed as an opportunity for learning and generating continuous improvement of the quality of services provided.

3. DEFINITIONS

Complaint: An expression of dissatisfaction with any aspect of a service. (HIQA, 2013)
Under the Health Act 2004 a 'complaint' is described as any action of the Executive (HSE) or Ability West that—(a) it is claimed, does not accord with fair or sound administrative practice, and (b) adversely affects the person by whom or on whose behalf the complaint is made..

Protected Disclosure: *What is a 'protected disclosure' and what is 'relevant information'?*
To qualify as a 'protected disclosure', the disclosure must be of 'relevant information'. To qualify as relevant information:

- A worker must reasonably believe that the information disclosed tends to show one or more 'relevant wrongdoings'. So absolute proof of wrongdoing is not necessary.
- The wrongdoing must come to the workers attention in connection with their employment. So, for example, a disclosure will not be protected if it relates to matters in someone's personal life outside and unconnected to the workplace.

(Raiseaconcern.com Easy Guide to the Protected Disclosures Act 2014).

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3. **DEFINITIONS (Contd.):**

Complainant: Person(s) making the complaint (HSE, Consumer Affairs, 2008).

Feedback: Helpful information or criticism that is given to someone to say what can be done to improve (Merriam-Webster).

4. **RESPONSIBILITIES:**

All Staff:

Will attempt to resolve complaints where possible and ensure that they are recorded and reported to the relevant manager, and dealt with in accordance with this designated procedure and associated policy. Staff members will also record feedback and refer to the relevant manager, if applicable. Staff members are obliged to record complaints and/or feedback on the Quality Management Information System (QMIS) as per procedure.

Line Manager (Person in Charge/Unit Director/Manager/Department Head):

If a complaint is not resolved at front line or local level, the Line Manager will investigate complaint.

Line Manager will ensure that all complaints are managed in accordance with the policy and procedure and stipulated timeframes.

Review feedback and complaints within their area of responsibility and discuss with the Assistant Director of Client Services/Line Manager any opportunities for improvement, and maintain adequate records of same on QMIS.

Ensure the appropriate governing bodies are notified as required i.e. HIQA, HSE.

Complaints Officers:

Acknowledge and investigate all complaints received while ensuring that they are examined in accordance with the appropriate policies, procedures and suitable regulations (Appendix 1).

If appropriate, discuss complaint and any opportunities for improvement, with the Assistant Director of Client Services/Line Manager, and maintain adequate records of same on QMIS.

Ensure the appropriate governing bodies are notified as required i.e. HIQA, HSE.

Chief Executive/Registered Provider:

To make publicly available information on complaints and review procedures as appropriate including: Names and contact details of all Complaints Officers.

Procedures under Health Act 2004 and Regulations 2006.

Advise on all matters relevant to making a complaint or seeking a review.

The Chief Executive will ensure that all complaints are managed in accordance with the policy and procedure.

The Chief Executive shall provide the HSE with a report on complaints to comply as required under the Regulations and Section 55 of the Health Act 2004 or as required.

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4. **RESPONSIBILITIES (Contd.):**

Directors of Client Services, Finance, Human Resources:

Directors of Client Services, Finance, Human Resources will ensure that all complaints and feedback are managed in accordance with the policy and procedure.

Each Director should review the complaints and feedback within their area of responsibility and discuss with their team opportunities for improvement, and maintain adequate records of same on Quality Management Information System (QMIS).

Appeals Officer:

In the event of a complaint being unresolved the Registered Provider/Chief Executive will appoint a member of the Senior Management Team as an Appeals Officer to facilitate a resolution.

Quality and Compliance Manager:

To oversee the management and monitoring of complaints and feedback and audit processes in this regard and to provide relevant reports to the Registered Provider/Chief Executive; and to share learning and trends.

Quality and Safety Executive Committee:

Monitor and review records of complaints and feedback to identify trends – areas of good practice and areas for improvement, and onward reporting to the Chief Executive and Senior Management Team.

Quality and Safety Board Committee:

Monitor and review records of complaints and feedback from a corporate perspective.

External Regulatory:

The External Review Officers (EROS): On appointment by the relevant bodies, ERO will determine the appropriateness of the investigation and recommend remedial action where necessary. (Appendix 1)

Advocate:

Will assist complainants in making their complaint and support them in any subsequent processes in the management of that complaint.

An Advocate can be a family member, staff member or a person trusted by the complainant if it is possible to do so within the principles of advocacy listed below. Any staff wishing to advocate must ensure that they are in a position to advocate impartially and fairly.

The National Advocacy Service for People with Disabilities (NAS) provides an independent, confidential and free, representative advocacy service that works exclusively for the person using the service and adheres to the highest professional standards.

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4. **RESPONSIBILITIES (Contd.):**

The National Advocacy Service is a nationwide service and can be contacted on **0761 07 3000**.

Confidential Recipient - HSE have appointed a 'Confidential Recipient', Independent of the HSE to whom anyone can make a complaint or raise concerns about the care and treatment of any vulnerable person receiving residential care in a HSE or HSE funded facility. Contact details are as follows – Leigh Gath, Confidential Recipient for Vulnerable Persons, Training Centre, Dooradoyle, Limerick, LoCall **1890 100014**, Mobile **087 6657269**, Email leigh.gath@crhealth.ie. Details are also accessible in each service.

Any form of advocacy used must be agreeable to both the complainant and Ability West.

5. **REFERENCES:**

5.1 **Legislation -**

Assisted Decision Making (Capacity) Act 2015
 Civil Liability Amendment Act 2017 and Civil Liability (Open Disclosure) (Prescribed Statements) Regulations 2018
 Children's First Act (2015)
 Children First National Guidelines
 Data Protection legislation, including General Data Protection Regulations
 Disability Act (2005)
 Education Act (1998) and Education (Welfare) Act (2000).
 Education for Persons with Special Education Needs Act (2004) (EPSEN)
 Employment Equality Acts (1998 -2015)
 Equal Status Acts (2000 - 2015)
 Freedom of Information Act (2014)
 Health Act (1970), (2004), (2007)
 Health Act 2004 (Complaints) Regulations 2006, S.I. No. 652
 Health and Social Care Professionals Act (2005)
 Safety, Health and Welfare at Work Act (2005) and related Regulations
 Health Act 2007 (Care and Support of Residents in Designated Centres for persons [Children and Adults] with Disabilities) Regulations S.I. No. 367 of 2013
 Health Act 2007 (Registration of Designated Centres for Persons [Children and Adults] with Disabilities S.I. No. 366 of 2013
 H.I.Q.A. National Quality Standards, including (but not limiting to):
 Safer Better Healthcare (2012)
 Residential Centres for Children and Adults with Disabilities (2013)
 I.S. EN ISO 9001:2015
 Ombudsman's Act (1980-1984)
 Protected Disclosure Act 2014, and related Statutory Instruments
 Safeguarding Vulnerable Persons at Risk of Abuse, National Policy and Procedure
 Trust in Care

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5. **REFERENCES (Contd.):**

5.2 **Other Policy Framework and Guidance -**

Ability West – Corporate Safety Statement and Centre Safety Statements
 Ability West – Dignity, Respect and Equality in the Workplace Document
 Ability West – Code of Standards of Behaviour for Staff Members
 Ability West – Vision Statement and Mission Statement
 Ability West – Communications Policy and Procedures
 Ability West – Confidentiality Policy and Procedures
 Ability West – Records management, retention policy and procedures
 Ability West – Complaints, Compliments and Feedback Policy
 Ability West – Total Communication Policy and Procedures
 Ability West – Client Protection/Safeguarding Policy
 Ability West – Child Safeguarding Statement/Child Protection Procedures
 Ability West – Safeguarding Vulnerable Adults Procedures
 Ability West – Integrated Risk Management Policy and Procedures
 Ability West – Procedure on dealing with unacceptable behaviour towards Ability West staff
 Ability West – Procedure on Implementing Trust in Care
 HSE Consumers Affairs, ‘Your Service, Your Say’, The Management of Service user Feedback for Comments, Compliments and Complaints
<https://www.hse.ie/eng/about/qavd/complaints>
 HSE ‘Your Service, Your Say, Guideline Document for Providers who have entered into a Service Agreement under Section 38 or 39 of the Health Act 2004:Complaints Management Procedure for Voluntary Organisations
 HSE Policy on dealing with vexatious complaints
 HSE Open Disclosure Policy and Procedure

5.3 **Appendices –**

No. 1 – Complaints that do not fall within the provision of Part 9 of the Health Act 2004
 No. 2 – Restriction on the type of recommendations the Complaints Officers may make
 No. 3 – Responding to complaints – Complaints Pathway Flowchart
 No. 4 – Making Policies and Procedures accessible
 No. 5 – Template for responding to complaints
 No. 6 – Post Investigation Report Template
 No. 7 – Protocol for dealing with vexatious complaints

6. **DETAILS OF PROCEDURE:**

6.1 **RECEIVING A COMPLAINT OR FEEDBACK**

- 6.1.1 Ability West listens to the views of service users, families, staff (outside grievances) visitors, volunteers, staff and the community about our services. Complaints and Feedback is viewed as an opportunity for learning and continuous improvement of the quality of services that we provide.
- 6.1.2 Ability West recognises that responding effectively to complaints and feedback and learning from them is a key aspect of providing high quality person centred service. Ability West has in place a robust and consistent approach for the monitoring and management of all complaints and feedback in place which is audited by the Quality and Compliance Department.

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6. DETAILS OF PROCEDURE (Contd.):

6.2 RECEIVING AND RESPONDING TO FEEDBACK

- 6.2.1 Feedback is viewed as very important in Ability West and can be received by any member of staff. Once the feedback is received this is recorded on the Quality Management Information System (QMIS).
- 6.2.2 Feedback received will also be passed on to any relevant parties.
- 6.2.3 Feedback is reviewed in terms of sharing learning and overall quality of service, to celebrate successes and identify improvements in overall services. It is also taken into account during the annual review process carried out in Residential and Respite Services and deemed as good practice in Day Services.

6.3 WHO CAN RECEIVE A COMPLAINT MADE TO ABILITY WEST

- 6.3.1 A complaint may be received by any member of staff who must record the complaint on QMIS, determine the most appropriate process for dealing with the complaint and consult with their Line Manager if appropriate. They can seek guidance from the Quality and Compliance Manager.
- 6.3.2 All staff have a responsibility to accept any complaint received and to endeavour to manage and resolve the complaint at the point of contact. If this is not possible or appropriate (for example, Trust in Care, Client Protection, i.e. should be referred to Designated Officer), the staff member will refer the complaints to his/her Unit Director, Person in Charge or Line Manager. The option is also available for the staff member to refer the complaint to a Complaints Officer.
- 6.3.3 Vexatious Complaints are complaints that are deemed to be intentionally troublesome. Vexatious complaints are excluded under Part 9 of the Health Act 2004.

It is noted that in a minority of cases where the organisation will take all reasonable measures to try to resolve a complaint through the complaints procedure, the complainant does not accept these efforts. In such situations the organisation will consider invoking the Protocol on Dealing with Vexatious Complaints. Before the complaint is deemed vexatious the person in receipt of the complaint must bring it to the attention of the relevant line manager. The line manager will provide details of the complaint to the relevant Assistant Director who will consult with the relevant Executive Director (i.e. Director of Human Resources, Finance or Client Services). The complaint will be reviewed by use of Protocol for dealing with vexatious complaints (Appendix 7). On reaching a decision, by use of the Protocol, the complainant will be informed accordingly. If deemed vexatious, the complainant will be informed that this does not remove the complainant's right to submit their complaint to independent agencies, such as the Ombudsman or the Ombudsman for Children. See Appendix 7 for further details.

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6. DETAILS OF PROCEDURE (Contd.):

In determining not to investigate a complaint, Section 50 of the Health Act 2004 is considered, as follows:

- ‘50.—(1)** *A complaints officer shall not investigate a complaint if—*
- (a) the person who made the complaint is not entitled under section 46 to do so either on the person’s own behalf or on behalf of another,*
 - (b) the complaint is made after the expiry of the period specified in section 47(2) or any extension of that period allowed under section 47(3).*
- (2)** *A complaints officer may decide not to investigate or further investigate an action to which a complaint relates if, after carrying out a preliminary investigation into the action or after proceeding to investigate such action, that officer—*
- (a) is of the opinion that—*
 - (i) the complaint does not disclose a ground of complaint provided for in section 46,*
 - (ii) the subject-matter of the complaint is excluded by section 48,*
 - (iii) the subject-matter of the complaint is trivial, or*
 - (iv) the complaint is vexatious or not made in good faith,*
 - Or*
 - (b) is satisfied that the complaint has been resolved.*
- (3)** *A complaints officer shall, as soon as practicable after determining that he or she is prohibited by subsection (1) from investigating a complaint or after deciding under subsection (2) not to investigate or further investigate a complaint, inform the complainant in writing of the determination or decision and the reasons for it.’*

- 6.3.4 Anonymous complaints are also excluded under Part 9 of the Health Act 2004. They should be recorded on QMIS and dealt with like any other complaint. The person receiving the complaint must be aware that the anonymity of the complainant does not enable the principles of natural justice and procedural fairness to be upheld. However management will ensure that systems in place are robust and the welfare of service users is priority.
- 6.3.5 Where there are good and sufficient reasons to protect the identity of the complainant the complaint will be brought to the attention of the UD/PIC/Manager who will consult with their Line Manager/a Complaints Officer as to whether further actions are needed.

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6. DETAILS OF PROCEDURE (Contd.):

6.4 HOW TO MAKE A COMPLAINT

- 6.4.1 Ability West is flexible in receiving complaints, verbal or written. Special efforts will be made to understand behaviours that indicate an issue of concern or complaint that a person with a disability cannot communicate by other means. Such messages will receive the same positive response as an issue raised by another means. Staff will be provided with information to identify these behaviours.
- 6.4.2 The complaints procedure will be widely publicised, prominently displayed and made accessible to service users, their families and advocates in an accessible, age appropriate, format suitable for the service users' individual needs.
- 6.4.3 Complaints will also be received through forms that promote feedback or suggestion from service users and their representatives. Complainants will be allowed the flexibility to lodge a complaint, and staff members shall be sensitive to complainants who may have reduced literacy and/or language skills and will provide assistance and support where required to enable the effective recording of the complaint. An Advocate can be appointed to assist complainants in making their complaint and to support them in any subsequent processes in the management of that complaint if the need arises (HIQA, 2013).
- 6.4.3 Ability West supports an environment of open disclosure/communication in which there is an open, consistent approach to communicating with service users, families, and any other relevant parties following an adverse event. Such communications are undertaken in an empathetic, informed and timely manner. This includes expressing regret for what has happened, keeping the service user informed, providing feedback on investigations and the steps taken to prevent a recurrence of the adverse event. Ability West provides an environment in which staff feel supported in the identification and reporting of adverse events and also during the open disclosure and review process following an adverse event, and promoting a fair and just culture. To ensure that communication with service users and their families/support persons following an adverse event is undertaken in an empathetic, informed and timely manner.

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6. DETAILS OF PROCEDURE (Contd.):

6.4.4 Ability West facilitates staff members to make protected disclosures in good faith where they have reasonable grounds for believing that the health or welfare of service users or the public may be put at risk, or where there is waste of public funds or legal obligations are not being met, so that the matter can be investigated. This is in line with the legislation on Protected Disclosures of Information as provided for in the Health Act 2004 (as amended by the Health Act 2007). The legislation also provides statutory protection for health service employees from penalisation as a result of making a protected disclosure in good faith in accordance with this procedure. A protected disclosure is a disclosure of relevant information which, in the reasonable belief of the worker, tends to show one or more relevant wrongdoings; and came to the attention of the worker in connection with the worker's employment; and is disclosed in the manner set out in the Act. Information with regard to Protected Disclosure is available in each service/department - on display, and is also available by accessing the following website - <https://www.hse.ie/eng/about/qavd/protected-disclosures/> Link - [Protected Disclosures of Information in the Workplace - HSE.ie](#)

6.5 MANAGEMENT OF A COMPLAINT

- 6.5.1 Ability West is committed to safeguarding the rights and dignity of the service users and staff members in the implementation of the complaints process under Dignity at Work and the Prevention of Bullying and Harassment.
- 6.5.2 The organisation is committed to the effective management and recording of complaints through QMIS. All complaints, results, investigations, outcomes and any actions taken must be recorded on QMIS and maintained on service users' files as appropriate. Appropriate records, as required, are also provided to regulatory authorities, e.g. HIQA, HSE.
- 6.5.3 Service users are made aware of their right to complain.
- 6.5.4 The complaints process is implemented without fear, favour, or prejudice towards either the complainant or the subject of the complaint.
- 6.5.5 A consistent and standardised approach is adopted for the management of all complaints.
- 6.5.6 Staff have an obligation to participate in supporting the processes involved with complaints and investigations of any complaint when requested.
- 6.5.7 A complaint should be made within 12 months of the date of the event concerned, or within 12 months of becoming aware of the complaint (Health Act, 2004, Section 47). A complaints officer (or person to whom the complaint is addressed) may also extend the time limit for making a complaint if in the opinion of the complaints officer special circumstances make it appropriate to do so, the decision in this regard is made in consultation with the a member of the Senior Management Team. An appropriate response is provided to the complainant with the decision.

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6. DETAILS OF PROCEDURE (Contd.):

- 6.5.8 The complaints process shall endeavour to effectively resolve all complaints for both the complainant and those who deliver the service about which the complaint was made.
- 6.5.9 The emphasis must be on resolving complaints effectively and in a timely manner without compromising core principles and in accordance with Ability West's policies and procedures.
- 6.5.10 All complaints shall be dealt with in an impartial manner.
- 6.5.11 All complaints shall be acknowledged and addressed promptly and sensitively. All information obtained through the course of complaint management shall be treated in a confidential manner and shall comply with the requirements of the Data Protection legislation and the Freedom of Information Act 2014.
- 6.5.12 Staff members' responsibility in the management of complaint procedures shall be clearly defined.
- 6.5.13 Complaints analysis is taken into account during the annual review process carried out in Residential and Respite Services and is deemed as good practice in Day Services.

SEE COMPLAINTS PATHWAY FLOWCHART

6.6 RESPONDING TO COMPLAINTS Stage 1: Local Level - Informal

- 6.6.1 The recipient of the complaint (e.g. staff member, local Complaints Officer, Person in Charge/Unit Director/Manager/Department Head) shall make every effort to resolve the complaint immediately (within 48 hours) and at point of receipt where possible, with input from the Line Manager as necessary.
- 6.6.2 An evaluation is carried out by the person dealing with the complaint to check the validity of the complaint and the appropriate processes to be used to manage the complaint. Some complaints will not be suitable for investigation through the Complaints process (e.g. Trust in Care, HR Grievances, Safeguarding Vulnerable Persons, etc.). In such cases they must either be referred to the appropriate body/person (e.g. Designated Officer) for investigation or revert to the complainant with an explanation in writing as to why the complaint cannot be investigated or with details of the correct process for the management of their complaint. This must be concluded as soon as possible on receipt of the complaint.

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6. DETAILS OF PROCEDURE (Contd.):

6.6.3 Where complaints are resolved at point of receipt, details of the complaint must be documented on QMIS. All complaints, verbal, written, or anonymous shall be documented on QMIS by the staff member receiving the complaint. At a minimum, the name of the person (if known), the time, and a description of the complaint shall be recorded. The complaint shall be documented in a factual, objective manner. The action taken must be recorded on QMIS along with the satisfaction level of the complainant. UD/PIC/Manager records details on QMIS with regard to the management of the complaint and any follow up. The Assistant Director of Client Services/Line Manager must be notified of the complaint.

It is important to note that some complaints may not be resolved to the satisfaction of the complainant due to, for example, funding issues.

Stage 2: Informal – Ability West Complaints Officer

6.6.4 Complaints not resolved at point of receipt, due to their seriousness or complexity or the complainant may not accept the management of the complaint at Stage 1 noted above, shall proceed to the next phase and be forwarded by the PIC/UD/Manager/Department Head to one of Ability West's Complaints Officers, who will endeavor to and resolve the complaint informally.

Complaints can be sent directly to an Ability West Complaints Officer; contact details are available in each centre/Ability West Headquarters.

6.6.5 Record of the complaint is made available to the Ability West Complaints Officer by the Line Manager or person receiving the complaint at this stage. Complaint recorded on QMIS created/updated accordingly by the Ability West Complaints Officer/PIC /UD/Manager (decision made in this regard by parties involved).

6.6.6 An evaluation is carried out by the Ability West Complaints Officer to check the validity of the complaint and the appropriate processes to be used to manage the complaint. Some complaints will not be suitable for investigation by the Complaints Officer (e.g. Trust in Care, HR Grievances, Safeguarding Vulnerable Persons, etc.). In such cases they must either be referred to the appropriate body for investigation or returned to the complainant with an explanation in writing as to why the complaint cannot be investigated or with details of the correct process for the management of their complaint. This must be concluded within 5 working days of making the decision/determination.

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6. DETAILS OF PROCEDURE (Contd.):

- 6.6.7 The Ability West Complaints Officer must acknowledge the complaint within 5 working days of receipt.
- 6.6.8 The Ability West Complaints Officer is responsible for managing the informal resolution and/or carrying out a formal investigation of the complaint at this stage. He/she may draw on appropriate expertise, skills etc. as required. Staff have an obligation to participate and support the investigation of any complaint when requested.
- 6.6.9 The Ability West Complaints Officer may also determine if the complaint warrants transfer to another Complaints Officer, if the initial Complaints Officer is not in a position to investigate the complaint (e.g. conflict of interest).
- 6.6.10 Following investigation, the Ability West Complaints Officer may consider whether it would be practicable, having regard to the nature and the circumstance of the complaint, to seek the consent of the complainant and any other person to whom the complaint relates to finding a resolution of the complaint by the parties concerned. The Complaints Officer must determine the most appropriate informal resolution approach for a particular complaint. Mediation may be used to attempt resolution of the complaint if both parties agree.
- 6.6.11 The Complaints Officer must endeavour to investigate and conclude the complaint within 30 working days of the complaint being acknowledged, whether the complaint is dealt with formally or informally.
- 6.6.12 During the complaints process if it is not possible to conclude the complaint within 30 working days, the Complaints Officer will communicate a progress report within 30 working days with updates every 20 working days thereafter.
- 6.6.13 Where resolution is achieved through this informal process, the Complaints Officer must create a record outlining the details of the complaint, the resolution process and the outcome of the resolution process including any recommendations made. QMIS is also updated in this regard.
- 6.6.14 The outcome of the process is communicated to the complainant, and QMIS updated in this regard, including satisfaction level.
- 6.6.15 Where informal resolution was not appropriate or was not successful, the Complaints Officer will notify the appropriate Executive Director and a formal investigation will take place.

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6. DETAILS OF PROCEDURE (Contd.):

Stage 3: Formal Investigation

- 6.6.16 Where agreement is not reached through the Informal Process, the Ability West Complaints Officer notifies the Relevant Director (i.e. Director of Client Services, Finance or Human Resources) that a formal investigation will take place and requests terms of reference to be drafted. The Chief Executive will be informed by the relevant Director.
- 6.6.17 Complaints may also come through directly to this stage and deemed so because of their serious nature, to be dealt with directly from Stage 3 onwards.
- 6.6.18 An Ability West Complaints Officer appointed by the relevant Director will carry out the formal investigation.
- 6.6.19 Complaint to be recorded and updated on QMIS accordingly by the Ability West Complaints Officer/relevant Director (decision made in this regard by parties involved).
- 6.6.20 The relevant Director will draw up terms of reference specific to the investigation in conjunction with the appointed Ability West Complaints Officer.
- 6.6.21 The Complaints Officer will advise all parties involved in the complaint of the decision to carry out a formal investigation.
- 6.6.22 The complainant is given the opportunity to agree or object to the Complaints Officer appointed. Where the complainant objects to the appointment, the Complaints Officer must inform the relevant Director of the requirement to assign an alternative Complaints Officer to carry out the formal investigation. This appointment is at the discretion of Ability West.
- 6.6.23 Where deemed appropriate by the Complaints Officer, in consultation with the relevant Director, he/she will establish and lead an investigation team consisting of all relevant persons and staff with expertise and knowledge to carry out the investigation. The size and membership of this investigation team will be dependent on each complaint and will be determined by the Complaints Officer and relevant Director.
- 6.6.24 The Complaints Officer must endeavour to investigate and conclude the formal complaint within 30 working days of the complaint being acknowledged.

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6. DETAILS OF PROCEDURE (Contd.):

- 6.6.25 During the complaints process if it is not possible to resolve the complaint within 30 working days, the Complaints Officer will deliver a progress report within 30 working days with updates every 20 working days thereafter.
- 6.6.26 The Complaints Officer will keep the relevant Director informed on the process.
- 6.6.27 Mediation may be used to attempt resolution of the complaint at any time in this stage. If both parties agree, the Complaints Officer will put the mediation process in place through consultation with the relevant Director.
- 6.6.28 The Complaints Officer will provide a report and recommendations (if any) on findings to the relevant Director, who will notify the Chief Executive of the recommendations. See Appendix 6 for template.
- 6.6.29 QMIS is updated with regard to the complaints process, resolution and the outcome of the resolution process including any recommendations made.
- 6.6.30 The outcome of the investigation is communicated to the complainant, and QMIS updated in this regard, including satisfaction level.

Stage 4: Review of Investigation Outcome, including option of appeal

- 6.6.31 If the complaint is unresolved, and/or the complainant **requests an appeal**, this can be done within 30 days of receipt of the report by the complainant. The complainant's request is acknowledged within 5 working days. The Chief Executive will appoint another Director of the Senior Management Team, as an Appeals Officer to facilitate a resolution.
- 6.6.32 Where a complainant has requested a review of the outcome of the investigation, the Chief Executive will suspend the implementation of recommendations(s) and notify the complainant of this suspension.
- 6.6.33 The timescale of this review should be no longer than 20 working days. If this timescale is not possible, this can be extended by 20 days. The complainant is advised accordingly. The complainant is informed of the outcome of such an appeal in writing and records updated accordingly, including QMIS.
- 6.6.34 The Appeals Officer's function is to:
- (i) determine the appropriateness of a recommendation made by the Complaints Officer, having regard to the two elements -
 - (a) All aspects of the complaint
 - (b) The investigation of the complaint
 - (ii) Having determined the appropriateness of the recommendations to uphold it, vary it, or make a new recommendation if he/she considers it appropriate to do so.
- 6.6.35 The Appeals Officer will provide a report, taking account of above, to the Chief Executive.

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6. DETAILS OF PROCEDURE (Contd.):

Stage 5: External Review by Investigation outcome

6.6.36 Where the investigation fails to resolve the complaint, the Complainant may seek a review of the outcome of the investigation by applying to the Ombudsman /Ombudsman for Children or if it relates to a clinical issue to the relevant Professional or Regulatory Body.'

6.6.37 Ability West must inform the complainant of the right at all times to have the complaint reviewed by the Ombudsman/Ombudsman for Children, as noted above. Complainants must be made aware that the Ombudsman/Ombudsman for Children will, in most cases, require that Ability West's complaints management process be exhausted before initiating a review of the complaint.

6.6.38 Ability West must inform complainants of alternative avenues for resolution if the complaint remains unresolved at this stage, including the HSE Confidential Recipient.

6.6.39 QMIS is updated with regard to details of the management of the complaint and in all cases QMIS is updated with details of informing the complainant and their satisfaction level in this regard.

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6. DETAILS OF PROCEDURE (Contd.):

6.7 IMPLEMENTATION OF RECOMMENDATIONS MADE BY COMPLAINTS OFFICERS OR APPEALS OFFICERS

- 6.7.1 Where a recommendation, the implementation of which would require or cause the Executive to make a material amendment to its approved Service Arrangement with Statutory Bodies, the relevant Manager/Executive Director of Chief Executive (as appropriate) may amend or reject the recommendation.
- 6.7.2 Where the recommendation(s) are being amended or rejected or where alternative measures are being taken, the relevant person as noted above must give the reasons for their decision.
- 6.7.2 Ability West will, as appropriate, take such steps as are reasonable and put into operation as soon as practicable any recommendations of the Complaints Officer or Appeals Officer, provided that Ability West is satisfied that it is within the organisational remit.
- 6.7.3 Ability West shall within 30 working days of receipt of the Complaint Officer's report or Appeals Officer's Report notify in writing the complainant and Complaints Officer/ Appeals Officer of the steps being taken to implement any recommendations made. If the Chief Executive suspends the implementation of a recommendation by a Complaints Officer or Appeals Officer, the Complainant must be notified within 5 working days by the Complaints Officer or Appeals Officer.
- 6.7.4 The relevant Manager/Executive Director/Chief Executive must put an action plan in place for the implementation of the recommendations, with persons responsible and timeframes to be identified and recorded.

6.8 REDRESS

- 6.8.1 An effective complaints system which offers a range of timely and appropriate remedies will enhance the quality of service and supports to service users. It will have a positive effect on staff morale and improve Ability West's relations. It will also provide useful feedback to Ability West and enable it to review current procedures and systems which may be giving rise to complaints.

Redress should be consistent and fair for both the complainant and the service against which the complaint was made. Ability West should offer forms of redress or responses that are appropriate and reasonable where it has been established that a measurable loss, detriment or disadvantage was suffered or sustained by the complainant personally. This redress could include:

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- An apology
- An explanation
- Refund if deemed appropriate
- Admission of fault
- Change of decision
- Replacement items and/or equipment
- Repair/Replace
- Correction of misleading or incorrect records
- Technical or financial assistance
- A waiver of debt
- Recommendation to change a policy.

As noted above, if, in the opinion of Ability West, a recommendation is made by a Complaints Officer or Appeals Officer, Ability West shall either:

- (a) Amend the recommendation in such manner as makes the amendment to the applicable Service Arrangement unnecessary
- (b) Reject the recommendation and take such other measures to remedy, mitigate or alter the adverse effect of the matter to which the complaint relates as Ability West considers appropriate.

6.9 REPORTING ON COMPLAINTS

- 6.9.1 All complaints are logged centrally on QMIS by the staff member receiving the complaint, Unit Director, Person in Charge, Manager, Department Head and Complaints Officers. QMIS is updated with regard to details of the management of the complaint in all cases, and this includes details of informing the complainant and their satisfaction level in this regard.
- 6.9.2 The Quality and Compliance Manager will report on complaints to the Chief Executive and Senior Management Team, so that areas for improvement can be identified.
- 6.9.3 Returns are made to the Head of Consumer Affairs, HSE, at a time interval determined by the Head of Consumer Affairs for review by the Health Services Executive.

6.10 MONITORING OF MANAGEMENT OF COMPLAINTS

- 6.10.1 Ability West monitors compliance and concerns on QMIS. Details are taken of any investigations and related actions to help ensure complaints and concerns are addressed appropriately and that trends are detected and learning takes place.

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6. DETAILS OF PROCEDURE (Contd.):

- 6.10.2 The Person in Charge/Unit Director/Manager/Department Head reviews and audits complaints on a regular basis, with particular emphasis on identifying areas for improvement and trends. The UD/PIC/Manager/Department Head consults with their line manager in this regard also. At centre level this also forms part of the annual review. Records are maintained of all such reviews. (Refer to 6.5.13)
- 6.10.3 Complaints are also audited as part of the organisation's overall audit processes, and results are discussed at Senior Management Review Meetings, particularly in terms of trends and areas of learning and improvement. Results are also discussed through the Quality and Safety Executive Committee and information is shared with the Quality and Safety Board Committee.
- 6.10.4 Complaints Officers will meet on a twice yearly basis to review complaints; this is coordinated and managed by the Quality and Compliance Manager.
- 6.10.5 As part of its Quality Management Programme, through Management Review the Chief Executive and Senior Management Team along with the Quality and Compliance Manager, will also monitor complaints in terms of trends and continuous improvements.
- 6.10.6 The Quality and Safety Executive Committee monitor and review records of complaints and feedback to identify trends, areas of good practice and areas for improvement, and provide reports to the Chief Executive and Senior Management Team.
- 6.10.7 The Quality and Safety Board Committee monitor and review records of complaints and feedback from a corporate perspective.

7. MONITORING OF PROCEDURE:

BY WHOM	FREQUENCY	METHOD(S)
Quality and Compliance Manager to initiates review with Assistant Directors of Client Services and Complaints Officers	Every three years	Review of procedure and applicable legislation, regulations and standards to ensure compliance and procedure is up-to-date; review of records of complaints and recommendations.
NEXT REVIEW DUE:		11/2023

8. REVISION HISTORY

REVISION NO	DATE	DESCRIPTION OF CHANGE	NO.
0	20/07/2009	N/A – Initial establishment of procedure	-
1	12/07/2013	See Q.A.R.F. No. 0191	0191
2	23/03/2015	Policy revised to comply with HIQA Regulations	0245
3	03/04/2016	See Q.A.R.F. No. 0263	0263
4	04/01/2019	See Q.A.R.F. No. 0392	0392
5	13/10/2020	See Q.A.R.F. No. 0484	0484